

FAMILY DAY CARE HOME INSPECTION FORM

☐ INSPECTION ☐ REINSPECTION ☐ COMPLAINT ☐ NEW ADDRESS ☐ OTHER

Provider:	License Number:	Date of Inspection:
	Expiration Date:	Time of Inspection:
Address:	Capacity:	Instructions: ✓ = Compliance/Discussed O = Non-Compliance P = Pending
Town/State/Zip Code:	Telephone:	
<i>Consent to Inspect: I agree to allow the Commissioner or an authorized representative to have access to and inspect the facility and child care records during home visits as required by Regulations Section 19a87b-5(i).</i>		
_____ <i>Provider/Substitute's Signature</i>		

Terms of Registration 19a-87b-5

- ☐ 1. Capacity: Total # Children Present: _____
- ☐ 2. Infant/Toddler Restriction- # Present: _____
- ☐ 3. Variance-Type: _____
- ☐ 4. License Posted
- ☐ 5. Access to DPH Phone Number
- ☐ 6. Notification of Change

Qualification of Provider 19a-87b-6

- ☐ 7. Awareness of/Understanding of Regulations
- ☐ 8. Medical Statement-Exp. Date _____ TB Test
- ☐ 9. First Aid Certificate-Exp. Date _____
- ☐ 10. Personal Qualities/Good Judgment

Members of the Household 19a-87b-7

- ☐ 11. Medical Statement/TB Test
- ☐ 12. Background Check
- ☐ 13. Household Environment

Qualifications of Staff 19a-87b-8

- ☐ 14. Substitute/Assistant
Name: _____ Exp. Date _____
- ☐ 15. Emergency Caregiver
Name: _____
Address: _____
Phone: _____

Physical Environment 19a-87b-9

- ☐ 16. Clean/Sanitary Environment
- ☐ 17. Freedom of Hazards
- ☐ 18. Absence of Poisons
- ☐ 19. Safe Storage of Flammables
- ☐ 20. Safe Door Fasteners
- ☐ 21. Electrical Safety
- ☐ 22. Safe Exits
- ☐ 23. Basement Supervision
- ☐ 24. Stairways: Protected/Handrails
- ☐ 25. Evacuation Plan
- ☐ 26. Fire Drills-Quarterly
- ☐ 27. Smoke Detectors
- ☐ 28. Fire Extinguisher-5 lb ABC/Installed
- ☐ 29. Safe Heating System /Type: _____ Approval _____
- ☐ 30. Weapons: _____ Storage: _____
- ☐ 31. Safe Space-Sufficient
Indoor _____ Outdoor _____
- ☐ 32. Body of Water-Type: _____ Barrier/Fence (4ft)
- ☐ 33. Ventilation/Light/Temperature
- ☐ 34. Washing/Toileting/Sewage/Garbage Facilities
- ☐ 35. Water Supply: Public/Approved
- ☐ 36. Water Temperature _____
- ☐ 37. Working Telephone/Emergency Numbers Posted
- ☐ 38. Safe Transportation-Registered/Insured/Restraints
- ☐ 39. First Aid Supplies
- ☐ 40. Protection from Pets-Type: _____
Rabies Certificate: _____
- ☐ 41. Smoking Restrictions/Parents Notified

Responsibilities of Provider 19a-87b-10

- ☐ 42. Enrollment Form
- ☐ 43. Child Health Record
- ☐ 44. Immunizations
- ☐ 45. Emergency Permission Form
- ☐ 45a. Authorized Release
- ☐ 45b. Transportation Permission
- ☐ 45c. Swimming Permission
- ☐ 46. Incident Log
- ☐ 47. Confidentiality of Records
- ☐ 48. Meeting the Child's Needs
- ☐ 49. Sufficient Play Equipment
- ☐ 50. Good Nutrition: Meals/Snacks/Water Available
- ☐ 50a. Flexible and Balanced Schedule
- ☐ 50b. Proper Rest/Crib Safety
- ☐ 50c. Personal Articles: Blanket/Towel/Toilet Articles
- ☐ 51. Individual Plan for Care
- ☐ 51a. Cultural Differences/Special Needs/Dev. Appr. Activities
- ☐ 52. Infant Care: Individual Attention/Held for Bottle Feedings
- ☐ 53. Diaper Changing: Frequent/Sanitary/Hand Washing
- ☐ 54. Parent Information and Access
- ☐ 54a. Opportunities to Observe
- ☐ 54b. Immediate Access
- ☐ 54c. Discuss the Child's Needs/Policies/Records/Capacity
- ☐ 54d. Daily Information
- ☐ 54e. Informs of Accidents/Illnesses/Injuries
- ☐ 54f. Informs of Staff Names/Household Members
- ☐ 54g. Informs of Non-Immunized Child/Contagious Illness
- ☐ 54h. Access to Latest Inspection Forms
- ☐ 55. Supervision-At all Times, Indoors/Outdoors
- ☐ 55a. Personal Schedule-Alert/Competent Attention
- ☐ 55b. Full Attention-Distractions/Employment/Socialization
- ☐ 55c. Immediate Attention
- ☐ 55d. Substitute Care
- ☐ 56. Discipline/Beh. Management-Type: _____
- ☐ 56a. Notify Staff/Parents
- ☐ 57. Child Protection: Abuse/Neglect
- ☐ 57a. Notify DPH w/in 24 hrs: Death/Injury w/Hospitalization
- ☐ 57b. Report Abuse/Neglect to DCF/Police

Sick Child Care 19a-87b-11

- ☐ 58. Fever/Diarrhea/Vomiting/Rash
- ☐ 58a. Universal Precautions/Sanitary Practices

Night Care 19a-87b-12

- ☐ 59. Separate Bed/Location of Bed/Appropriate Sleepware

Administration of Medications 19a-87b-17

- ☐ 60. Certified _____ Exp. Date(s) _____
- ☐ 61. Policies/Permissions/Storage/Outline/Curriculum

REMARKS:

(Signature of Inspector)	Date Corrections Due By:	(Signature of Provider/Substitute)
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